Safe abortion and the post-2015 agenda

The International Campaign for Women’s Right to Safe Abortion is a coalition of organizations and networks that support women’s right to safe, legal abortion, with members in 108 countries across the globe. Our aims are to promote universal access to safe, legal abortion as a women’s health and human rights issue, and to support women’s autonomy to make their own decisions whether and when to have children and have access to the means of acting on those decisions without risk to their health and lives.

We would like to congratulate the 47th Commission on Population and Development (CPD) on many aspects of the Outcome Resolution, particularly the language on human rights and women’s empowerment in relation to population and development. We agree with many other commentators that support for sexual and reproductive health and reproductive rights has come into its own in this Outcome Resolution, a major achievement since the 1994 ICPD.

At the same time, we believe there is more to be said on the subject of abortion, which we would like to express here.

We wholeheartedly support language taken directly from the ICPD Programme of Action for access to quality services and reliable information, expanded and improved contraceptive services to prevent unwanted pregnancies, compassionate counselling for women with unwanted pregnancies, and training and equipping health service providers and other measures to ensure that abortion is safe and accessible where it is not against the law, as outlined in the Outcome Resolution.¹

However, what is equally important to note in the Programme of Action is that:

- unsafe abortion is “a serious public health concern”;² and leads to “a large fraction of maternal deaths or to permanent injury to the women involved”³

and that governments should re-affirm:

- “...On the basis of a commitment to women’s health and well-being, to reduce greatly the number of deaths and morbidity from unsafe abortion.”⁴

Moreover, the Outcome Resolution contains excellent language in numerous places that is relevant to and applies to safe abortion (i.e. as a necessary component of reproductive health and rights) and to unsafe abortion (i.e. as an important and avoidable cause of maternal mortality and morbidity). We would like to emphasise this connection, particularly in relation to the text in OP11.⁵

² ICPD Programme of Action, Para. 8.25.
³ ICPD Programme of Action, Para. 8.19.
⁴ ICPD Programme of Action, Para. 8.20.
⁵ That paragraph talks about “areas of shortfall in the implementation of the ICPD Programme of Action... elimination of preventable maternal morbidity and mortality through strengthening health systems, equitable and universal access to quality, integrated and comprehensive sexual and reproductive health
Thirdly, the Outcome Resolution mentions the need to respond to “new challenges relevant to population and development...”\(^6\) We think it is important to do this in relation to abortion, which has had extensive attention globally over the past 20 years, both from within the UN human rights system, especially by CEDAW and the Special Rapporteur on the Right to Health, and on the part of UN agencies tasked with public health and health care, particularly WHO and UNFPA. Moreover, governments of many Member States have reformed their laws and policies on abortion since ICPD precisely in order to reduce unnecessary deaths and morbidity among women, and in support of women’s health and rights. We wish to recognise the incredible courage of these reforms, which have not been easy.

Although induced abortion is among the safest of all medical and surgical procedures, and up to one in three women will have at least one abortion in her lifetime, half of the 43.8 million abortions annually are still unsafe, and since 1994 at least a million women have died from unsafe abortions. The “large fraction of maternal deaths” from unsafe abortions mentioned in the ICPD Programme of Action is currently 13% globally, and as high as 18% in Eastern Africa, according to WHO. This proportion has not been reduced over time. Treatment for the complications of unsafe abortion uses up a huge amount of scarce emergency obstetric resources in public health systems in countries where abortion is legally restricted, countries which can least afford it. This would not be required if abortions were safe and legal.

Furthermore, WHO research data show that most women who suffer and die from the complications of unsafe abortions not only live in countries where abortion is legally restricted but are also living in poverty. They are therefore doubly discriminated against, despite their right to non-discrimination under the law.

Human rights are by definition universal and apply to everyone without discrimination. In that regard, women who need an abortion have the right to the highest attainable standard of health, the right to enjoy the fruits of scientific progress, and above all, the right to life.

Everyone agrees that prevention of unwanted pregnancy is desirable, but at least 220 million women globally have an unmet need for contraception, and almost all methods of contraception fail some of the time, even when used consistently and correctly. All of these facts underscore and are in line with the ICPD Programme of Action and the Outcome Resolution.

Since 1994, global, regional and national consultations have supported women’s right to safe abortion; national laws and policies on abortion and their consequences for women have been studied by a wide range of experts, including UN human rights treaty monitoring bodies; qualitative evidence of the experience of women and health professionals in regard to abortion, safe and unsafe, has been gathered worldwide; and statements in support of women’s right to safe abortion have been made in some form by all the key agencies and actors in the UN and UN human rights system.

The following documents contain just a fraction of that evidence:

Public health and human rights evidence supporting safe, legal abortion

1. Safe Abortion: Technical and Policy Guidance for Health Systems (World Health Organization, 2012), which is the premier, recommended text for Member States to follow in addressing the issue of abortion.  


4. Comments/recommendations on abortion of three UN human rights treaty monitoring bodies:
   * Committee on the Rights of the Child (CRC) General Comment 2013. General Comment No. 15, on the right of the child to the highest attainable standard of health.
   * Committee on the Elimination of Discrimination against Women (CEDAW Committee) General recommendation, General Recommendation No. 30 on Women in Conflict Prevention, Conflict and Post-Conflict Situations.
   * Committee against Torture (CAT Committee) expresses concern about Peru’s ban on emergency contraception and physicians reporting women to the authorities for having illegal abortions.


6. Interim report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 3 August 2011.

We call on: all relevant UN agencies and bodies to undertake pro-active educational efforts on women’s need for safe abortion and put women’s right to safe abortion on the post-2015 agenda. We particularly call on UNFPA and the UN Population Division to ensure this issue is fully addressed as part of the 48th CPD “Realizing the future we want: integrating population issues into sustainable development, including in the post-2015 development agenda”.

Finally, we urge everyone who supports women’s right to safe abortion to give this matter the widest possible visibility and support at UN, as well as at regional and country level, as we move forward into future negotiations.

Signed: Coordination Team, International Campaign for Women’s Right to Safe Abortion, and the following signatories on the list attached.

10. UN Doc. CRC/C/GC/15, para. 70.
11. UN Doc. CEDAW/C/GC/30, para. 52(c).